## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. O APPLICANT(S)

PILING DATE

AFTER 3 MAMENDMENT.

DEP.

IND.

CL	A	IN	A:	Ç

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1	AS FILED AFTER	
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3   52     4   53     5   54     6   55     7   56     8   57     9   58     10   59     11   60     12   61     13   62     13   64     15   64     16   65     17   66     18   67     19   68	31. III.	DEP.
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TOTAL IND. TOTAL IND.	1	1
TOTAL DEP. TOTAL DEP.	4	-
CLAIMS TOTAL CLAIMS		

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